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TO RUEHC/SECSTATE WASHDC IMMEDIATE 6924
RUEHNR/AMEMBASSY NAIROBI 5081
RUEHGV/USMISSION GENEVA 2099
RUEHRN/USMISSION UN ROME
RUCNDT/USMISSION USUN NEW YORK 0533
RUEHBS/USEU BRUSSELS
RHEHNSC/NSC WASHDC
RUEKJCS/SECDEF WASHDC
RUEHPH/CDC ATLANTA GA

UNCLAS SECTION 01 OF 03 KINSHASA 001128

SIPDIS

SENSITIVE, SIPDIS, AIDAC

USAID/W FOR A/AID HFORE
USAID/DCHA FOR MHESS, GGOTTILIEB
DCHA/OFDA FOR KLUU, AFERRARA, ACONVERY, KCHANNELL, MSHIRLEY
DCHA/FFP FOR TANDERSON, NCOX, TMCRAE
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NSC FOR PMARCHAM
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NEW YORK FOR TMALY
USMISSION UN ROME FOR RNEWBERG
CDC ATLANTA
DHHS FOR WSTEIGER

E.O. 12958: N/A

TAGS: [EAID](#) [PREL](#) [PHUM](#) [CG](#)

SUBJECT: DRC: DISASTER DECLARATION FOR EBOLA HEMORRHAGIC FEVER
OUTBREAK

REF: A. KINSHASA 1075

[1](#)B. KINSHASA 1085

[1](#)C. KINSHASA 1094

[1](#)D. KINSHASA 1121

[1](#)1. (SBU) This is an action request for emergency assistance.
Please see paragraph 10.

[1](#)2. (SBU) SUMMARY: Following laboratory confirmation of Ebola virus
in Mwaka rural health zone in Kasai Occidental Province, the
Congolese Minister of Health has requested international assistance
to contain the outbreak. The outbreak is beyond the government's
capacity to manage effectively, and it is in the interest of the USG
to provide assistance. The Charge d'Affaires declares a disaster
and requests an initial USD 1,000,000 (one million) in emergency
relief assistance. The funds will be used to improve case
management, strengthen laboratory response, and to design and
implement measures to prevent the further spread of the virus. End
summary.

Current Situation

[1](#)3. (SBU) Following initial delays in the reporting of suspected
Ebola cases, GDRC, WHO, MSF, and USG (incl. CDC) health teams have
coordinated effectively to identify and verify the virus. Although
local health authorities first observed the symptoms of Ebola
hemorrhagic fever in Mwaka rural health zone in Kasai Occidental
Province on April 27, they did not notify national health
authorities until mid-August. Staff from the UN World Health
Organization (WHO), the GDRC Ministry of Health (MoH), and
USAID-funded Project AXes teams collected samples from the affected
area and shipped them to the CDC and the Biological Laboratory of

Franceville, Gabon, at the end of the week of September 3. Both laboratories confirmed positive results for Ebola hemorrhagic fever on September 10.

¶4. (SBU) As of September 17, Kasai Province health officials have reported 380 cases of Ebola virus, including 171 deaths, representing a 45 percent mortality rate. Many of the victims have died within 48 hours of presenting symptoms, including fever, vomiting, headache, bloody diarrhea, and joint and muscle aches. The epicenter of the outbreak is in Benandongo village in the Kampungu health area, Mweka rural health zone. To date, the outbreak has affected three rural health zones, specifically Mweka, Luebo, and Bena Leka. Seven individuals are in quarantine in Kampungu, of whom three are critically ill, one is moderately ill, and three are recovering. Health teams are closely monitoring 117 people in Kampungu, 32 people in Mweka, and 8 people in Bulape, all known to have had contact with infected individuals.

Response Efforts

¶5. (SBU) Since Health Minister Makwenge Kaput officially declared the outbreak on September 10, the MoH has hosted daily information and coordination meetings with donors and relief organizations. The MoH dispatched a team to Kasai Occidental to assess the needs, coordinate response efforts, and collect and relay information regarding the outbreak.

¶6. (SBU) On September 5, prior to confirmation of the Ebola outbreak, USAID assembled a team through Project AXxes to assist with early detection and response efforts. The USAID team has delivered 400 kg of relief supplies and equipment, including

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medicine, a manual on managing Ebola outbreaks, and gloves, masks, disposable gowns, chlorine, body bags, and hazardous waste disposal material. USAID has received approval to provide personal protective equipment (PPE) to response personnel for disease control and containment efforts.

¶7. (SBU) USG Mission collaborative efforts include daily update cables by the embassy Economic Officer and the Public Affairs Officer is preparing information in conjunction with a CDC epidemic communications expert for the local and international press. CDC/Atlanta is providing virus confirmation testing until the local laboratory is established. Shigellosis and Typhoid epidemics are also occurring at the same time. CDC conducted a field assessment September 13 and 14 to identify lab and case detection sites with USAID Project AXxes partners. The CDC team recommended, and the MOH-led Ebola Coordination Committee agreed, to establish an Ebola testing lab at the Luebo Hospital, about 5 miles from the epidemic epicenter. CDC/Atlanta has sent a 10-member team to the DRC to assist with response strategies, including 62 boxes of equipment and supplies. An additional 2500 kilos of lab material will arrive via air freight this week. The specialists and equipment will arrive in Luebo over the coming days to establish the Luebo Ebola lab.

¶8. (SBU) Other international contributions include additional medical staff, PPEs, and isolation facilities provided by WHO. The World Food Program (WFP) is providing free transport of equipment and materials to Kananga, the provincial capital 125 kms and eight hours by vehicle from Mweka. Landing strips at Mweka and Luebo, two hours and half an hour respectively from the epicenter, are short and rough, allowing only for small planes capable of carrying at most one ton of cargo at a time. The UN Mission in the DRC (MONUC), Canada, Medecins sans Frontieres (MSF), and the International Committee of the Red Cross (ICRC) are also providing assistance for site distribution.

Request for Assistance

¶9. (SBU) The MoH has officially requested the following international assistance: medical expertise and logistics to

increase the capacity for case detection, isolation, and transfer of patients to health facilities for treatment; sample collection and shipment to laboratories abroad; and water, sanitation, and hygiene interventions to prevent further transmission of the Ebola virus.

Action Request

¶10. (SBU) The current Ebola outbreak is beyond the GDRC capacity to manage effectively and is of sufficient magnitude to warrant USG involvement. The GDRC has requested international support to contain the outbreak, and it is in the interest of the USG to provide assistance. On this basis, the Charge d'Affaires declares a disaster and requests USAID's Office of Foreign Disaster Assistance to authorize USD 1,000,000 (one million) for initial emergency response activities in affected areas. Mission plans to use these funds to respond to the needs expressed by the MoH.

¶11. (SBU) USG assistance will be provided to CDC to strengthen the ability to respond to the disaster through the training of local lab staff; establishing a dry blood spot system; providing support to establish a case detection system in affected zones; procurement of reagents and specimen material; transportation of specimens to Kinshasa and Atlanta; and improvement of the DRC national lab in Kinshasa to ensure better handling of specimens in future. USG

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assistance will help WHO to strengthen surveillance by improving case detection skills of health care providers and community health workers; reinforce universal hygiene measures; provide psychosocial support to patients and their families; disseminate guidelines for prevention; detect and manage hemorrhagic fevers; and establish an Ebola alert system in the two Kasai provinces using appropriate communication means. Finally, USG assistance will be provided to UNICEF to develop key messages for local health personal and surrounding communities; and for the development of job aids and mass media materials.

Conclusion

¶12. (SBU) The hemorrhagic fever outbreak caused by Ebola virus in Kasai Occidental province is not yet contained and there are new cases and victims daily. Cases are not limited to the area immediately surrounding the epicenter, as there are some confirmed and suspected cases as far away as Kananga, 125 kms southeast, Tshikapa, 125 kms southwest and only 50 kms from the Angolan border,

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and Muea Ditu, 300 kms southeast along the rail line in neighboring Kasai Oriental province. Therefore, it is critical that the US Mission respond at this time with USD 1,000,000 (one million) in USG disaster assistance to CDC, WHO and UNICEF to support efforts to contain the virus. The GDRC has requested assistance and has stated that it will accept USG humanitarian contributions.

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